

## **Meaningful occupation as a fundamental principle of health and citizenship**

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# MEANINGFUL OCCUPATION AS A FUNDAMENTAL PRINCIPLE OF HEALTH AND CITIZENSHIP

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### INTRODUCTION

Occupational therapists are concerned with fostering opportunities towards meaningful participation. Conceived in health terms, this aim implies that health is connected to enacting citizenship, since participation is social, transactional and depends on interaction and reciprocal exchange.

Participatory citizenship is defined as “participation in civil society, community and/or political life, characterised by mutual respect and non-violence and in accordance with human rights and democracy” (Hoskins & Kerr, 2012). It is a negotiated process between citizens, including a right and a responsibility to participate with others in how we live together and shape our shared world. It incorporates a wide range of activities from informal social interaction to political participation.

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**Participation, citizenship and health**  
Citizenship concerns participation in the collective activities of the local community, being part of the public world with voice and action. Restriction in participation is a restriction of citizenship. Dis-citizenship is generated through marginalisation, impacting negatively on health outcomes. The cases demonstrate key aspects of citizenship, including: how it provides experiences of equity, social value and reciprocal recognition; the power of collective occupation as the core of social life itself; that citizenship is practiced in occupations that take place in our communities, our public places; and allow people to participate in the processes of creating and shaping together a common place for a common good, participation in political life.

Citizenship and health are interrelated and embodied. Social and cultural backgrounds as well as material circumstances affect people's lives as citizens. Health conditions are generated or maintained by social conditions such as poverty and limited access to resources and are affected by cultural factors such as difference. Critical occupation-based practise affords the questioning and challenge of these limitations and focuses on particular spaces of action in everyday life where people negotiate rights and possibilities, belonging and participation. Citizenship as an occupational practice of participation has valuable potential as the basis for the understanding of processes of participation and health as for the promotion of social transformation and more inclusive societies.

The Citizenship II project group of the European Network of Occupational Therapy in Higher Education (ENOTHE) has worked on issues of citizenship and occupational therapy since 2013, the European Year of the Citizen. Work is conducted through an iterative process involving a variety of methods, including: a survey including European Higher Education Institutions, a scoping review, workshops held during national, European and International conferences, ongoing critical debate and reflection, with the aim of both conceptual development and the development of educational materials.

### Farmers in Colombia

In Columbia the 60 year-civil war is a defining piece in the fabric of citizen’s lives. Recently collective efforts have produced the disarmament of some guerrilla and paramilitary groups, as well as the public admission of government involvement in human right violations. However, the healing of a nation touches every life and peace must overcome in a few years what conflict has had decades to shape, namely damage to citizenship and trust. With more than 5.7 million internally displaced people, occupational therapists in Colombia work to enable healing, shape identities and rediscover new paths. Ana conducted a workshop to develop alternative occupations for internally displaced peasants. This was part of a public funded initiative aiming to encourage engagement in entrepreneurial initiatives. Ana called for workshop participants with experience of farming occupations.

Now, with all farmers who had lost the only land they had known to be theirs sitting in the room, their common occupation provided them with a means of connecting and empathizing. They realized that regardless of their stories, they could all relate to the loss of an occupation that shaped their identity. That was the common platform upon which they stood to collaborate, imagine, create and move forward. Ana saw that sometimes occupation is all we have in common; and there is room to heal in that common place (Liliana Alvarez Jamarillo, personal communication 2015) (\*)

### Somali migrants seeking access to UK health services

The Somali community in Sheffield, UK live in some of the most deprived neighbourhoods, with high rates of mortality and morbidity, poor quality of housing, high rates of unemployment, low income and low educational attainment. Somalis have sometimes reported problems with accessing health care, a real-life-occupation for all citizens. Somali people may be reluctant to reveal some health issues, and feel that staff may be prejudiced, not properly explaining procedures, or that professionals do not listen to them or communicate adequately. Non-verbal communication is important in Somali expectations of patient-therapist consultations, and a hospital letter or appointment can easily be forgotten in the midst of managing multiple family issues. Some may still not understand clinical or complicated terminology; some western health concepts such as depression, stress and anxiety are not present in the Somali culture and language. Translators may lack proper training. People can become confused and lose confidence in the services.

Western health service cultures emphasise individual lifestyle choices; service users may be blamed for conditions such as obesity which may arise when migrants try to manage family cooking in a new context. Service users may also be blamed for not keeping appointments where health structures, messages and appointment systems may differ from their previous experience. Health professionals such as occupational therapists, may not understand or be aware of this combination of factors and assume that people from the Somali community are less co-operative (Mubarak Musa Ismail, 2017) (\*\*)

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